(Ca	ATE OF SOUTH CAROLINA Aption of Case) Imple: Application for a Class C Charter Certificate from John Doe dba Doe's Limo SC PUBLIC COMMIN	PM 3: 48	BEFORE THE LIC SERVICE COME OF SOUTH CAROLI SPORTATION COVE	NA.		
(DI		If this is your firs	t time filing an application with time. The Commission will a see Commission before, a Docket tered above.	h the PSC, you will not ssign one to you. If you		
	omitted by: THERESA RANDOLPHI	Telephone:	803-550 0345 803-250 9345	5		
Add	dress: 306 LANCER DRIVE	Fax:				
	Columbia SC 49212	Other: Email:				
	s required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely. NATURE OF ACTION (Check all that apply)					
	Application – Class C Taxi		Request to Amend Scop	e of Authority		
	Application - Class C Charter		Request to Amend Tari	ff (rate increase, etc.)		
	Application – Class C Charter Bus		Request to Amend Pass	enger Limit		
	Application - Class C Non-Emergency		Request			
	Application – Class E Household Goods		Exhibit			
	Application – Class E Hazardous Waste		Late-Filed Exhibit			
	Application		Letter			
V	Request for Extension to Comply with Order		Proposed Order			
	Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded	f \square	Publisher's Affidavit	SECEINED		
	Request for Cancellation of Certificate		Reservation Letter	JUN 26 2013		
	Request for Suspension		Response	PSC SC MAIL / DMS		
	Request for Reinstatement		Return to Petition	van sire i Pitalo		
	Request for Name Change on Certificate		Other:			

REQUEST FOR EXTENSION-TO-COMPLY WITH ORDER (ORS Rev 3-2-10)

244889

Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199 DATE: DATE: DA	File the original with:	2013 JUN 26 PM 3: 49	Mail or fax a copy to:
The S.C. Public Service Commission issued a Certificate of Public Convenience and Necessity in Order # 20/3-150	Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100	arolina	Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578
in Order # 30/3-150 dated for the following type of certificate: Class C Taxi Class C Charter Class C Charter Bus Class C Non-Emergency Class C Stretcher Van Pursuant to that Order, the following carrier was given ninety (90) days from the date of the Order to comply with the requirements of certification. Please consider this as a request for an extension until 19/34/30/3 to allow the following carrier to come into compliance. EXTENSIONS ARE NOT EFFECTIVE UNTIL APPROVED BY THE PUBLIC SERVICE COMMISSION. NENCON ELITE TRANSPORTATION (Name of Company) ONAME (Street Address) (Mailing Address, City, State, Zip) (City, State, Zip Code) 803-220-9345 (City, State, Zip Code) 803-550-0345 (Telephone Number) (Title) Owner, President, etc.	DATE: 6/26/2013		
Class C Taxi Class C Charter Class C Charter Bus Class C Non-Emergency Class C Stretcher Van Pursuant to that Order, the following carrier was given ninety (90) days from the date of the Order to comply with the requirements of certification. Please consider this as a request for an extension until D9/26/2013 to allow the following carrier to come into compliance. EXTENSIONS ARE NOT EFFECTIVE UNTIL APPROVED BY THE PUBLIC SERVICE COMMISSION. MEDICAL FLITE TRANSPORTATION COMPTNY WC METCO (Name of Company) D/B/A METCO LC (if applicable) PSC SC MAIL / DMS (Street Address) (Mailing Address, City, State, Zip) CULUM BIA CAPID (City, State, Zip Code) 803-220-9845 (Signature) CO- OWNEZ (Title) Owner, President, etc.	The S.C. Public Service Commission	n issued a Certificate of Pu	blic Convenience and Necessity
Class C Stretcher Van Pursuant to that Order, the following carrier was given ninety (90) days from the date of the Order to comply with the requirements of certification. Please consider this as a request for an extension until 19/26/20/3 to allow the following carrier to come into compliance. EXTENSIONS ARE NOT EFFECTIVE UNTIL APPROVED BY THE PUBLIC SERVICE COMMISSION. MEDICAL ELITE TRANSPORTATION (Name of Company) COMPANY WC METCO D/B/A METCO LLC (if applicable) D/B/A METCO LLC (if applicable) PSC SC MAIL/DMS (Street Address) (Mailing Address, City, State, Zip) (City, State, Zip Code) 803-220-9345 (City, State, Zip Code) 803-220-9345 (Telephone Number) (Title) Owner, President, etc.	in Order # <u>2013-150</u> dated	for th	e following type of certificate:
Order to comply with the requirements of certification. Please consider this as a request for an extension until 191263013 to allow the following carrier to come into compliance. EXTENSIONS ARE NOT EFFECTIVE UNTIL APPROVED BY THE PUBLIC SERVICE COMMISSION. ALEDICAL ELITE TRANSPORTATION (Name of Company) ON AME (Street Address) (Street Address) (City, State, Zip Code) 803-220-9345 (City, State, Zip Code) 803-220-9345 (Telephone Number) (Title) Owner, President, etc.		Class C Charter Bus	Class C Non-Emergency
COMMISSION. NEDICAL ELITE TRANSPORTATION COMPANY INC. (METCO) (Name of Company) D/B/A METCO INC. (if applicable) PSC SC MAIL / DMS (Street Address) (Mailing Address, City, State, Zip) (City, State, Zip Code) 803-220-9845 (City, State, Zip Code) 803-550-6345 (Telephone Number) (Title) Owner, President, etc.	Order to comply with the requirement Please consider this as a request for a	s of certification. In extension until <u>19124</u>	10
COMPANY NC (METCO) (Name of Company) (Street Address) (City, State, Zip Code) 803-220-9345 (Telephone Number) (D/B/A METCO LLC (if applicable) D/B/A METCO LLC (if applicable) D/B/A METCO LLC (if applicable) D/B/A METCO LLC (if applicable) SAME (Mailing Address, City, State, Zip) (Signature) (Signature) CO- OWNER (Title) Owner, President, etc.		UNTIL APPROVED BY TH	
SAME (Street Address) (Mailing Address, City, State, Zip) (City, State, Zip Code) 803-220-9345 (Telephone Number) (SAME (Mailing Address, City, State, Zip) (Signature) (Signature) (Title) Owner, President, etc.	MEDICAL ELITE TRANSPORTATIO	W.	RECEIVE
(Street Address) (Street Address) (Mailing Address, City, State, Zip) (City, State, Zip Code) (Signature) (Telephone Number) (Mailing Address, City, State, Zip) (Mailing Address, City, State, Zip) (Signature) (Signature) (Title) Owner, President, etc.	(Name of Company)	_ D/B/A <u>METCO</u> (if applic	<u>人人</u> cable) JUN 2 6 2013
(City, State, Zip Code) 803-220-9345 803-550-0345 (Telephone Number) (Signature) (D- OWNUZ (Title) Owner, President, etc.	· · · · · · · · · · · · · · · · · · ·		MAIL / DMS
803-220-9345 803-550-0345 (Telephone Number) CO- OWNEX (Title) Owner, President, etc.	CULUMBIA JC 29212	Herona B.	Kardolsh
(Telephone Number) (Title) Owner, President, etc.		(Signatu	ire)
		Co- owner	
Reason for Request for Extension to comply with PSC Order: Les Larrier & Complete transfer & titles	(Telephone Number)	(Title) Owr	ner, President, etc.
	Reason for Request for Extension Lisurance larver - 9	to comply with PSC Order	er: Jus of titles
		4	